

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10633665 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	3					
10	0					
11	0					
12	2					
13	0					
14						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	16	16	16	16	16	16

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					